

# **Beyond Nutrition Counseling: Reframing the Battle Against Obesity**

## **Video Script**

**Version 1.1**

**September 2002**

The following pages contain the verbatim script for the video entitled “Beyond Nutrition Counseling: Reframing the Battle Against Obesity.” This annotated script provides the corresponding theme associated with specific scenes within the video. The video script may be useful when leading discussions about the video content. For additional information, including a copy of the discussion guide, see the website <http://www.cincinnatichildrens.org/fitwic/>.

# Beyond Nutrition Counseling: Reframing the Battle Against Obesity

## Annotated Video Script

Theme	Script
WIC health professionals feel ineffective in their counseling. (Barrier theme #1)	<p><b>FGD Leader</b> What are the biggest health concerns that you and your staff are seeing among the WIC population? What are the biggest health problems for these children?</p> <p><b>Wendy, WIC Coordinator</b> I'd say obesity is the number one problem.</p> <p><b>FGD Leader</b> OK. Tell me more about it.</p> <p><b>Wendy, WIC Coordinator</b> A large percent of the population is obese and it seems to start at a young age and never get better. I feel very unsuccessful in terms of my counseling in preventing obesity.</p>
<p>Overweight parents struggle with their own weight. (Barrier theme #2)</p> <p>WIC families are struggling with many demands in their lives that make nutrition a low priority. (Barrier theme #3)</p> <p><i>*Mother is concerned about her child being teased.</i></p>	<p><b>Stephanie, WIC Participant</b> I've gone through a lot with my weight, from 110 to 180 pounds. I had three babies in five years. I may have lost your diaper. Can you put these back for me?</p> <p>Even though you are eating right, you're still gaining weight because you're pregnant. And then you have this baby and you still have the fat. So, you go through many stages and the hardest I think is depression. And to get yourself motivated to lose it. You want some chocolate milk? (child) I'm hungry.</p> <p>I've got a big family and the last thing I am thinking about is myself and my weight. I am thinking more about my kids and what they should be eating. You want sugar in it? Okay, c'mon.</p> <p>I kind of juggle with it, because I don't want to have to worry about them being teased and picked on.</p>
Overweight parents struggle with their own weight. (Barrier theme #2)	<p><b>Tonya, WIC Participant</b> When the kids called me fat, all the fat names and whatever, I really didn't tell my mother. I just dealt with it on my own. I used to threaten to hit 'em or beat 'em up and just being a bully. And after I did bully on 'em a little bit, where they wouldn't even bother me no more.</p>

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<p><i>*Mother is concerned about her child being teased.</i></p> <p>Parents do not like WIC professionals labeling them or their child as fat or overweight. (Barrier theme #4)</p>	<p><b>Tonya, WIC Participant (cont)</b> I know that I am fat and it's not going no where less I do something about it. It don't bother me but I don't want my son to have to really deal with that and go through that what I went through. Take your shoes with you.</p> <p>I don't need nobody else to remind him that he is fat. He know that he is.</p>
<p>Overweight parents struggle with their own weight. (Barrier theme #2)</p> <p><i>*Family has some knowledge of "correct" health behaviors.</i></p> <p>Parents do not like WIC professionals labeling them or their child as fat or overweight. (Barrier theme #4)</p> <p>Parents become upset when WIC health professionals suggest that the parents change the family diet. (Barrier theme #5)</p> <p>WIC clients learn to tell WIC health professionals "what they want to hear." (Barrier theme #6)</p>	<p><b>Sonya, WIC Participant</b> I don't really consider myself heavy – a little heavier set than I would like to be, you know, but I – you know everybody – I guess if I worked at it, I could lose the weight, but I'm happy the way that I am.</p> <p>My husband's weight actually is a problem for him, but he – not for him in his mind – but he had open-heart surgery, so basically he's supposed to be not smoking or, you know, all that stuff.</p> <p>One of the ladies there told me my son was going to be overweight, because me and my husband was fat. So, what was it she said -- I need to throw the snacks in the garbage. My husband ripped the papers up in the middle of the WIC office. How could she tell me not to buy snacks for my house? How can she tell me what to buy for my house? She can advise, you know, maybe you should cut back on your snacking or your chips or -- because I think at that time, I was giving -- my son may have been old enough... I was giving maybe a piece of a chip or a Cheeto or, you know, but I wasn't saying I was giving my son ten Cheetos.</p> <p>It kind of makes me really mad. So, me and other girls tend to just go down there and tell them what they want to hear. Because then you're better off. They don't, you know, pour out information that hurts your feelings.</p>

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<p>WIC health professionals feel ineffective in their counseling. (Barrier theme #1)</p> <p>WIC clients learn to tell WIC health professionals “what they want to hear.” (Barrier theme #6)</p>	<p><b>Wendy, WIC Coordinator</b> Mostly I think we feel we reach very few people.</p> <p>They've learned the answers we want from them and, you know, it's kind of a game that everybody plays. Oh yeah, I gotta sit through this to get my vouchers and here's what she wants me to say.</p>
<p>Parents do not like WIC professionals labeling them or their child as fat or overweight. (Barrier theme #4)</p>	<p><b>Cora, WIC Coordinator</b> Sometimes they're actually offended if you say that they are above the 95<sup>th</sup> percentile, they'll say, well they are just large for their age.</p>
<p>WIC families are struggling with many demands in their lives that make nutrition a low priority. (Barrier theme #3)</p> <p>Parents do not like WIC professionals labeling them or their child as fat or overweight. (Barrier theme #4)</p> <p>Parents become upset when WIC health professionals suggest that parents change their family diet. (Barrier #5)</p>	<p><b>Lisa, WIC Nurse</b> What was the baby's birthweight? (Mom) 7:15</p> <p>Sometimes when you tell her that her baby's too heavy and she needs to cut back on his formula intake, that kind of thing, then it could be just the thing she did not need to hear today. I have had a few people that just either explode or break down crying because, you know, maybe they just really feel like they're trying as best they can.</p>

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Theme	Script
WIC health professionals feel that the complexity of their parents' social context interferes with success in nutrition counseling. (Barrier theme #7)	<b>Nancy, WIC Nurse</b> A lot of these girls are young, they're not married, so they don't have a routine, you know, of having to have supper done at a certain time or breakfast at a certain time.
WIC health professionals "lecture" clients on what they "need to know." (Barrier theme #8)	<b>Dianna, WIC Nutrition Ed. Coordinator</b> We feel like we have to tell them everything we know in that short period of time, because, hey, we're not going to see them again. I think that's just our conditioning as dietitians and nutritionists.
WIC health professionals feel that the complexity of their parents' social context interferes with success in nutrition counseling. (Barrier theme #7)	<b>Wendy, WIC Coordinator</b> And the parents that I'm dealing with did not have good parenting from their parents. So, they had nowhere to learn this. They're doing, in most cases, the same thing their parents did with them.
WIC health professionals feel ineffective in their counseling. (Barrier theme #1)	And -- and where's the cycle going to change.
	<b>Stephanie, WIC Participant</b> We'd like to see Dr. Phil if we could...
	<b>Dr. Lichtenstein, Pediatrician</b> A patient comes in, you identify a problem, arrive at a formulation and then administer a prescription. That model works very well if you're dealing with something like an ear infection.
	<b>Stephanie, WIC Participant</b> OK, thank you.
The standard medical model for illness, diagnosis and treatment does not work for obesity counseling. (Barrier theme #9)	<b>Dr. Lichtenstein, Pediatrician</b> Now, I'm not so sure that this model really works well with more complex problems like obesity.

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Theme	Script
<p>Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier theme #10)</p> <p>Parents “nag” their children about eating and are concerned their children will be hungry if they do not eat. (Barrier theme #11)</p> <p><i>*Mothers showing lack of insight into their feeding/parenting behaviors.</i></p> <p><i>*Family has some knowledge of “correct” health behaviors.</i></p> <p><i>*Mother not concerned about her child’s weight.</i></p>	<p><b>Stephanie, WIC Participant</b> Here’s Blue’s Clues. Mornings are always get up, get dressed. Either eat before or after. I give ‘em the option. Play for a little bit before it’s time to get Mabry off to school.</p> <p>Are you gonna eat a doughnut or cereal first? Play for a little bit before it’s time to get Mabry off to school.</p> <p>Are you hungry; (Mabry nods yes) Do you want to get dressed or eat first. (Mabry rubs eyes, mumbles she wants to get dressed first)</p> <p>Mabry is not a big breakfast eater. I don’t force it. I don’t force the issue. Do you know what you want to eat yet? (Mabry nods no.) You need to get your socks and then you need to decide what you want to eat. (Mabry) I’m not hungry. (Stephanie) You’re not hungry?</p> <p>I think she stays active enough and we try to keep her active, you know, into sports and extra-curricular things. (Stephanie) You haven’t eaten anything yet or anything. Mabry, you haven’t eaten yet or anything. (Mabry) I’m not hungry. (Stephanie) Mabry Lynn I’m going to count to three. (Mabry) I’m not hungry! (Stephanie) One, Two...</p> <p>So, I -- we do, like I said, try to help where we won’t have to worry about her weight. As of right now I’m not concerned. She’s a good eater.</p>

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<p>Parents “nag” their children about eating and are concerned their children will be hungry if they do not eat. (Barrier theme #11)</p> <p><i>*Mothers showing lack of insight into their feeding/parenting behaviors.</i></p>	<p>(Mabry) It's my first time going to Dad's school. (Stephanie) Don't you want to eat something before you leave – cereal, fruit snacks, carrots and celery (Mabry) My heart is beeping (as she walks up stairs into the kitchen)</p> <p>I will give her options. If she chooses something that's not the option I agree with, she does not get it. I won't let her eat a candy bar, you know, a bag of fruit snacks is, you know, okay if -- it's better than nothing I figure. You know, we don't keep the junk food around the house. (Mabry) Want a candy, Brett? (Stephanie) That's not candy. It's a fruit snack. Don't tell him that. (Mabry) (Sarcastically) You want a fruit snack? (Stephanie) Hey!</p>
<p>Adjust WIC Counseling: focus on sensitivity to client's life context/stresses. (Solution Theme #6)</p>	<p><b>Dr. Lichtenstein, Pediatrician</b> We need to know more about the parent, we need to know more about why the parent is heavy. We need to know more about the child's own feelings about being heavy.</p>
	<p>(Mabry) Can I go get my chips?</p>
<p>Adjust WIC Counseling: focus on sensitivity to client's life context/stresses. (Solution Theme #6)</p>	<p><b>Dr. Lichtenstein, Pediatrician</b> We need to know what insecurities the child has, and likewise, the insecurities that the -- that the parents have.</p>
<p><i>*Mother is concerned about her child being teased.</i></p> <p><i>*Mother not concerned about her child's weight.</i></p>	<p><b>Stephanie, WIC Participant</b> She has had a couple kids at school say something to her and she'll come home and ask what's chunky mean. So, I'd sit her down and explain to her that, you know, you're a little thicker than you might be,</p> <p>but that's nothing to worry about, you know. You're five years old. You're not fat, you're not overweight, but that's nothing to worry about, you know. You're five years old. You're not fat, you're not overweight. (Stephanie) Aww, you look like a cheerleader.</p>

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<i>*Mother is concerned about her child being teased.</i>	I've always been concerned that my kids are going to be overweight and get picked on.
	<b>Tonya, WIC Participant</b> Mory, are you ready? (off camera, yeah) Go watch TV or something for a little bit till I get finished fix you something.
Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier #10)	<b>Wendy, WIC Coordinator</b> In most cases I see the mother feels like a short order cook.
	(Tonya) Ryan, you want some milk? C'mon. You want some eggs.
Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier #10)	<b>Tonya, WIC Participant</b> We just go with the flow. I ask them whatever, is there sumpin' different that they want today? And they might say some different. But if not, then I just go and pull out whatever, what's ever easier, so
Parents model poor eating habits. (Barrier theme #12)	<b>Laure, WIC Nutritionist</b> Sometimes, a lot of times the parents are overweight, they just have poor eating habits and it kind of reflects on to their kids.
<i>*Mothers showing lack of insight into their feeding/parenting behaviors.</i>	<b>Tonya, WIC Participant</b> My daughter she eats more than he does and she don' t have a weight problem. I don't know that he really just really picked it up from me.

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<p>Overweight parents struggle with their own weight. (Barrier theme #2)</p> <p>Parents have a sense of acceptance or inevitability about their child or themselves being overweight. (Barrier theme #16)</p>	<p><b>Tonya, WIC Participant (cont)</b> Like my mother, she not fat at all. But my father is, he not fat, but he stocky. So we done picked it up from his side. (Mory) Where the doughnuts at? (Tonya) They aren't anymore. He like real active. He runs around just like the skinnier kids, even he runs a little bit more, but it's just his weight is not going anywhere.</p>
<p>Parents have a sense of acceptance or inevitability about their child or themselves being overweight. (Barrier theme #16)</p>	<p><b>Dr. Lichtenstein, Pediatrician</b> It's just remarkable. I mean they must think that there's some set of circumstances that is going to occur during childhood that will yank them off of this pathway to the inevitable outcome.</p>
<p>Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier theme #10)</p>	<p>(Thomas) How about some broccoli? (Sonya) We don't have none. We don't have much Ranch Dressing.</p>
<p>Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier theme #10)</p>	<p><b>Laure, WIC Nutritionist</b> Parents sometimes will tell me their kids get in their refrigerator and, you know, get what they want.</p>
	<p>(Sonya) What did you say you want? Peanut butter and jelly? Is that what you said you wanted? (Thomas) No way. I said I want some...hamburger. (Sonya) We don't have no hamburgers.</p>
	<p><b>Laure, WIC Nutritionist</b> The kids are the ones who are deciding what they're going to eat and when they're going to eat it and the parents just let them have it.</p>

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Theme	Script
	(Sonya) You have to eat the sandwich first.
Parents have a hard time setting limits or saying “no.” (Barrier theme #14)	<b>Sonya, WIC Participant</b> I don't tell him no a lot of times. I mean we usually basically give him what he wants.
Parents utilize food as a reward. (Barrier theme #13)	(Sonya) and then you can have the olives. That's a trade. Alright? Go eat the sandwich.
Parents “nag” their children about eating and are concerned that they will be hungry if they do not eat. (Barrier theme #11)	If he's not going to eat that baloney and cheese sandwich, then that means I'm going to have get something that he's going to eat, so that he does have something in his stomach.
Parents model poor eating habits. (Barrier theme #12)	(Sonya off cam) Thomas, do you want some chips? (Thomas) MM hmmm (Sonya) Here you go (Thomas takes bag) Thanks.
Parents utilize food as a reward. (Barrier theme #13)	<b>Laure, WIC Nutritionist</b> So, it's a big reward I think and kids learn food is a reward rather than, you know, as nutrition sometimes.
	<b>Dr. Lichtenstein, Pediatrician</b> I even got a smile out of her. I'm doing pretty well. And (he faces another direction) (Grandma) I'm grandmom.
Extended family members play an important role in feeding decisions. (Barrier theme #15)	<b>Lisa, WIC Nurse</b> Sometimes we have situations where grandma and mom and baby come together, that happens a lot. And you can tell that mom's not in charge, because grandma answers all your questions.
	(Dr. Lichtenstein) Let me ask you a couple of other things here. Is she saying any words you understand?

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Theme	Script
	<p>(Mom) Mom, Dad.</p> <p>(Grandmother off camera) She talks on the telephone.</p> <p>(Dr. Lichtenstein) She's got that all figured out</p>
	<p><b>Lisa, WIC Nurse</b> It's a real fine line. You want to include them both in a conversation, but you don't want the grandma just to dominate the conversation, because you want to be able to reach the teen too.</p>
<p>Extended family members play an important role in feeding decisions.</p> <p>(Barrier theme #15)</p>	<p>(Dr. Lichtenstein) You did great today. Do you have any other questions? (Mom shakes head no.) Well, I have to defer to the senior statesman of the family here. Great Grandma, do you have any questions.</p> <p>(Grandma) Grandma's through with all that.</p> <p>(Dr. Lichtenstein) Did we do okay?</p>
<p>Extended family members play an important role in feeding decisions.</p> <p>(Barrier theme #15)</p> <p>WIC health professionals feel that the complexity of the parents' social context interferes with success in nutrition counseling.</p> <p>(Barrier theme #7)</p> <p>Extended family members play an important role in feeding decisions.</p> <p>(Barrier theme #15)</p>	<p><b>Lisa, WIC Nurse</b> They're getting conflicting messages from people in their family. Sometimes it would be, my mom told me or my grand mother said, everybody is just telling me I'm not feeding my kid enough or I'm just not doing it right.</p> <p>(Lisa) Right now are you adding any other foods to her bottle?</p> <p>I think sometimes it's hard for a teenager particularly to change those family patterns. So, maybe if they have a little back-up from, you know, the literature and you know, the nurse said, that kind of thing. Maybe it gives her more of a leg to stand on as far as bringing those things up. So people realize that she is really in control even though she's still a child herself.</p> <p>(Lisa) You're doing everything just perfectly.</p> <p>(Mom) Oh, good!</p>

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Theme	Script
WIC health professionals feel that the complexity of the parents' social context interferes with success in nutrition counseling. (Barrier theme #7)	<b>Dr. Lichtenstein, Pediatrician</b> There are just a ton of more difficult to embrace environmental factors which muddy the waters considerably. A lot of those things, you know, have to do with the parent's perceptions of what's appropriate for a child at any given age to eat.
Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier theme #10)	(Sonya to Thomas) You want to eat Chinese?
WIC health professionals feel that the complexity of the parents' social context interferes with success in nutrition counseling. (Barrier theme #7)	<b>Nancy, WIC Nurse</b> The population of mothers that we see do tend to be young, and they don't understand the importance of nutrition for themselves or, you know, for their child.
Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier theme #10)	(Sonya) What would you like to eat? (Thomas) Chicken Nuggets and fries....And a cheeseburger. (Sonya) You can't have all three.
Parents have a hard time setting limits or saying "no". (Barrier theme #14)	<b>Laurie, WIC Nutritionist</b> A lot of times it's easier for the parents you know, instead of saying no, you can't have it, just to say he wants to go to McDonald's.
	(Thomas) He said I don't care.

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Parents are letting their children decide what to eat and giving their children too much control over food choices. (Barrier theme #10)	<b>Laurie, WIC Nutritionist</b> I said, well, he doesn't drive and he's not paying, you know, you're the one who's doing that.
Parents model poor eating habits. (Barrier theme #12)	A kid cannot decide to make these changes on their own. You know their parents are in charge of them at this point.
Parents model poor eating habits. (Barrier theme #12)	<b>Dr. Lichtenstein, Pediatrician</b> And the problem is that many parents just sort of magically hope that the child is going to be able to do it by his or herself without their blazing a path by way of example for the child.
Parents have a hard time setting limits or saying "no". (Barrier theme #14)	<b>Sonya, WIC Participant</b> I'm not going to deny him of the hamburger and the fries, that's food that's not candy, that's not chocolate, that's not sweets. So, if he's going to eat, which he – nine times out of ten he will, so I mean, I'd rather him eat the hamburger and french fries, then I or, the chicken nuggets, which they say is better for them than the greasy cheeseburger. But I'd rather he would eat that first.
Parents model poor eating habits. (Barrier theme #12)	(Sonya) Mmm french fry. Mmmm.
	<b>Lisa, WIC Nurse</b> It's something that you need to bring to their attention, that it's not okay for a baby to be eating french fries when they're eight months old and why. You know, that these – these habits start early, they're hard to break, those kinds of things.
Adjust WIC Counseling: assess and/or teach parenting skills. (Solution theme #7)	<b>Laurie, WIC Nutritionist</b> It's hard. It's a fine line, you know, talking to them about making those changes, really even though it's nutrition, it is parenting.
Restructure WIC procedures: increase time allotment for nutrition counseling. (Solution theme #3)	<b>Dianna, WIC Nutrition Ed. Coordinator</b> As the WIC program I think we have to look at our whole how we do things, our whole clinic procedures.

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Theme	Script
WIC health professionals are required by regulation to accomplish too many objectives with clients. (Barrier theme #17)	<b>Wendy, WIC Nutritionist</b> WIC is asked to do too many things – that the more things we're asked to do, the less well we're going to do counseling. And personally I feel that my time gets taken up more by income screening, identification, residence, shot records, blood work.
WIC and physicians need to present a unified message about child obesity. (Solution theme #2)	<b>Dr. Lichtenstein, Pediatrician</b> Amazing as it sounds, we just never meet with WIC people to discuss our objectives. And it would seem to me not only at the local level of this clinic, but, you know, at a regional level, perhaps even at a national level that we probably ought to be conducting dialogues, to make sure that we're providing a unified front
WIC health professionals feel that the complexity of the parents' social context interferes with the success of nutrition counseling. (Barrier theme #7)	(Sonya) That's the last three bills?
Restructure WIC procedures: increase time allotment for nutrition counseling. (Solution theme #3) Adjust WIC counseling: focus on sensitivity to client's life context/stresses. (Solution theme #6)	<b>Dianna, WIC Nutrition Ed Coordinator</b> If we're going to look at the whole person, then I think we're going to have to look at the time involved in dealing – and making that time available.

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Theme	Script
Co-location of WIC Services. (Solution theme #1)	<b>Dr. Lichtenstein, Pediatrician</b> From the standpoint of service provision there's a lot to be said for having as many services present in one location for families that have limited means.
Adjust WIC counseling: focus on small, short-range goals. (Solution theme #4) Adjust WIC counseling: focus on sensitivity to client's life context/stresses. (Solution theme #6)	<b>Nancy, WIC Nurse</b> I think sometimes you have to get on like a personal relationship with them. You know, you can't just say don't do this, do this, don't do that, you know, you have to give them some kind of an example, you know, and let them work on it.
	(Laure) ...cottage cheese, milk, those also have protein...
Adjust WIC counseling: focus on sensitivity to client's life context/stresses. (Solution theme #6)	<b>Dianna, WIC Nutrition Ed Coordinator</b> We really have to care about people. Not in the sense of just telling them what we know, knowledge wise, nutrition knowledge wise, but really caring about where they are, what they perceive as parenting or do they have perception.
Adjust WIC Counseling: assess and/or teach parenting skills. (Solution theme #7)	<b>Wendy, WIC Nutritionist</b> And I also think parenting skills are really at the root of most of our feeding issues, so I do think we need to bridge that gap. You can't talk about food in isolation.

\* Denotes a theme (though not derived implicitly from the video) which may emerge through facilitated group discussions.

# Beyond Nutrition Counseling: Reframing the Battle Against Obesity

## Annotated Video Script

**Table 1. Summary of Barrier Oriented Themes Derived from Video**

Theme	Theme Description
1	WIC health professionals feel ineffective in their counseling.
2	Overweight parents struggle with their own weight.
3	WIC families are struggling with many demands in their lives that make nutrition a low priority.
4	Parents do not like WIC health professionals labeling them or their child as fat or overweight.
5	Parents become upset when WIC health professionals suggest that parents change the family diet.
6	WIC clients learn to tell WIC health professionals “what they want to hear.”
7	WIC health professionals feel that the complexity of the parents’ social context interferes with success in nutrition counseling (examples include financial stress, being a young parent and having had poor experiences with their own parents).
8	WIC health professionals “lecture” clients on what they “need to know.”
9	The standard medical model for illness, diagnosis, and treatment does not work for obesity counseling.
10	Parents are letting their children decide what to eat and giving their children too much control over food choices.
11	Parents “nag” their children about eating and are concerned their children will be hungry if they do not eat.
12	Parents model poor eating habits.
13	Parents utilize food as a reward.
14	Parents have a hard time setting limits or saying “no”.
15	Extended family members play an important role in feeding decisions.
16	Parents have a sense of acceptance or inevitability about their child or themselves being overweight.
17	WIC health professionals are required by regulations to accomplish too many objectives with clients.

# Beyond Nutrition Counseling: Reframing the Battle Against Obesity

## Annotated Video Script

**Table 2. Summary of Solution Oriented Themes Derived from Video**

Theme	Theme Description
1	Co-location of WIC Services
2	WIC and physicians need to present a unified message about child obesity
3	Restructure WIC procedures: increase time allotment for nutrition counseling
4	Adjust WIC Counseling: focus on small, short-range goals
5	Adjust WIC Counseling: focus on mutually agreed upon goals
6	Adjust WIC Counseling: focus on sensitivity to client's life context/stresses
7	Adjust WIC Counseling: assess and/or teach parenting skills (developmentally appropriate feeding, establishing limits and routines, use of food as reward)